

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)							SERIAL NO. 10-849 701		APPLICANT(S)		
CLAIMS											
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	11						TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				

PTO-575 (2-79)

SEE INSTRUCTIONS FOR ADDITIONAL CLAIMS OR AMENDMENTS

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